Zone							
Failing							
rteApp Nitrate	p e						
· · · · · · · · · · · · · · · · · · ·	JOINT SITE EVALUATION and SEPTIC SYSTEM PERMIT						
	APPLICATION FORM						
	Flathead City/County Health Department Environmental Health Services						
	1035 1 st Avenue West						
	Kalispell MT 59901						
	(406) 751-8130						
1)	LEGAL DESCRIPTION OF PROPERTY						
	A) Subdivision Name Lot # Blk # B County Assessor's Tract No. (Example Tr. 3BD) County Assessor's No	_					
	B County Assessor's Tract No. (Example Tr. 3BD) County Assessor's No						
	C) Certificate of Survey (COS) or Deed Exhibit No.						
	D) Section Township Range						
	E) Parcel Size (Acres)						
	F) Address of Property						
	City						
Co. Ass required	formation requested can be obtained from the County Plat Room. If the property is in a subdivision, you seessor's Tract No. and COS No. If the property is <u>not</u> in a platted subdivision, <u>Tract No. and COS No. / ed</u> . A complete copy of the COS/Deed Exhibit <u>must</u> be attached (if on file). <u>plete applications will be returned.</u>						
2)	LEGAL PROPERTY OWNER (Current owner, not buyer)						
	A) Owner's Name						
	B) Mailing Address						
	C) City and Phone						
	D) If someone other than the legal property owner is to be the contact with this department, please co following:	mplete the					
	Name and Affiliation						
	Mailing Address						
	City and Phone						
3)	PURPOSE OF APPLICATION						
	Is this form being submitted to:	C					
	Obtain a site evaluation. \$200.00 (Fee required at the time of application. This is <u>not</u> a permit Non-degradation analysis. \$110.00 (Fee required at the time of application. This is <u>not</u> a permit	it foo					
	Site Review. \$100 (Fee required at time of application. This is <u>not</u> a permit fee.)	11 166.)					
	Obtain a septic permit. (Permit fee varies and is due when the permit is issued.)						
	Obtain a preliminary opinion on a proposed subdivision.** \$200.00						
	s office will provide only general comments on subdivision questions. Our evaluation will be limited to a topography at the site and our general knowledge of the area. Determination of such information as: soi						
	to groundwater, layout of development, floodplain, etc., is the responsibility of the landowner and their control of the landowner and the landowner a						
acpui u	to ground water, tayout of development, moduplain, etc., is the responsionity of the lands wher and their e	Jiis artaire.					
4)	DEVELOPMENT (also under construction)						
	A) Nature of Business						
	A) Nature of Business Patrons						
	C) Will water be used in the manufacturing, processing or distribution/sale of the product? Yes If yes, explain						
	D) Are floor drains proposed or do they exist? Yes No						
	If yes, will they be plumbed into the septic system or into a separate system?						

	E)		ai aiiu w	asiewatei uis	posar willer	is proposed.			
	F)	Will any hazardous and/or toxic materials (solid separate sheet which explains the various hazard waste treatment and disposal.					hod of		
5)	EXIST	ING DEVELOPMENT (if applicable)							
							_ _		
0		D CVIDDA IV. (C					_		
6)	WAIE A)	R SUPPLY (for proposed and/or existing develop Existing Proposed Expand		ing					
	B)	Size of water system?							
		Individual (one connection)							
		Shared (2 connections) Multi-User (3-14 connections to commo	on system	m)					
		Public (15+ connections or 25 or more)	neonle se	n) erved at least	60 days per	· vear)			
	C)	Name Source of Water? (if other than public or munic Well Spring Hauled/Cister					_		
7)	Distanc	ee between this property and the nearest public	water an	d/or sewer se	ervice				
8)	If zone Zoning	d, does the proposed use comply with the Zoning lesignation	Designat	ion for the pr	operty? Ye	s No No neck if Unzoned			
	Zoning	Authorization Signature			Date _				
0)									
9)	Have y	ou obtained a building permit? Yes No _							
10)	RFO	UIRED ATTACHMENTS							
10)	•	A) A site plan drawn to scale. The site plan must clearly show existing and proposed development. Clearly label the							
	i	tems you show as existing and/or proposed. The s	site plan	must include:		•			
		Lot boundaries & prominent features including	surface v	vater/wetland	ls				
		All structures							
		Water supply & distribution lines Septic system sites							
		Replacement sites for septic systems							
		Driveways & parking areas							
		All utility lines							
	8.	8. Locations of all water supplies and drainfields within 100 feet of the property lines.							
	B) A	copy of the Certificate of Survey or Deed Exhibit	(if not a	platted subd	ivision).				
	C) If you have additional information that you feel is pertinent to your application, use the space below or attach a separate sheet.								
Th.	e huildi	ng and drainfield sites must be physically sta	ked wit	h a minimu	m of 3 ft		laheled		
		IORIZATION	Kcu, Wi	<u>,,, </u>	111 01 5 16. 8	takes that are clearly	<u>iabeicu.</u>		
		y declare the above information and the attachme	nts to thi	s application	are true, co	mplete and correct to the	best of		
		owledge. I authorize the Flathead City-County He	ealth Dep	partment to en	nter onto my	property for the purpose	e of		
	condu	eting this site evaluation.							
					_				
Ov	vner's o	Authorized Agent's Signature			-	Date			